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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/936818

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3					1	
4						1
5						
6						1
7						
8						1
9						
10					1	
11						
12						1
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14						1
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16						1
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18						1
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20						1
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22						1
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24						1
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26						1
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28						1
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30						1
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32						1
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34						1
35					1	
36						
37						1
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39						1
40						
41						1
42						
43						1
44						
45						1
46						
47						1
48						
49						1
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52						
53					1	
54						
55						
56					1	
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58						1
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60					1	
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62						1
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90						1
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92					1	
93						
94						1
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96					1	
97						
98						1
99						
100						1
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/936818

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101				1		
102				1		
103				1		
104				1		
105				1		
106				1		
107				1		
108				1		
109				1		
110				1		
111				1		
112				1		
113				1		
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50						
TOTAL IND.			3			
TOTAL DEP.			110			
TOTAL CLAIMS			113			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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56						
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58						
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95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS